

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL	FILING DATE			
						09/14/7129				
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	/						77	/		
28	/						78	/		
29	/						79	/		
30	/						80	/		
31	/						81	/		
32	/						82	/		
33	/						83	/		
34	/						84	/		
35	/						85	/		
36	/						86	/		
37	/						87	/		
38	/						88	/		
39	/						89	/		
40	/						90	/		
41	/						91	/		
42	/						92	/		
43	/						93	/		
44	/						94	/		
45	/						95	/		
46	/						96	/		
47	/						97	/		
48	/						98	/		
49	/						99	/		
50	/						100	/		
TOTAL IND.	16						TOTAL IND.			
TOTAL DEP.	218						TOTAL DEP.			
TOTAL CLAIMS	5X						TOTAL CLAIMS			

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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